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Substitute for form 1449/PTO				<div>Complete if Known</div> <div>Application Number 10/587,503-Conf. #6720</div> <div>Filing Date January 30, 2007</div> <div>First Named Inventor Jari RAESAENEN</div> <div>Art Unit 3781</div> <div>Examiner Name b. J. Edwards</div> <div>Attorney Docket Number 0696-0247PUS1</div>	
<div>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</div> <div>(Use as many sheets as necessary)</div>					
Sheet	1	of	1		

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Examiner Signature	/Brett Edwards/	Date Considered	09/10/2010
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional) ²Applicant is to place a check mark here if English language Translation is attached

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /B.E./